



**Nebraska VR**  
Nebraska Department of Education

State Office • PO Box 94987  
Lincoln, NE 68509-4987

## **CONFIDENTIALITY AGREEMENT**

I understand that all personal information relating to applicants and clients of the Nebraska VR program is confidential. I understand that the release of their personal information, including their name, is regulated by federal law and regulations.

I agree to keep all personal information for applicants and/or clients confidential. If I receive any verbal or written requests to release personal information I will forward the request to my team supervisor.

I understand that violation of this confidentiality agreement may result in immediate termination of my relationship with the Nebraska VR program.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office

\_\_\_\_\_  
Date

Original: Supervisor  
Copies: Volunteer/Intern/Temporary  
Vicki Rasmussen

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